

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031272  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4500

FILED SEP 14 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

H. Owens MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in lb <b>1 yr.</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>In Water Tower S.W. Corner - 75th. &amp; Holmes</b>		d. STREET ADDRESS (If outside, give location) <b>101 East 85th. St.</b>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>EVERETT</b> Last <b>ROYSE</b>		4. DATE OF DEATH Month <b>8</b> Day <b>30</b> Year <b>62</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-15-42</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Laborer</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri U.S.A.</b>
13a. FATHER'S NAME <b>Stanley Royse</b>		13b. MOTHER'S MAIDEN NAME <b>Leah Baxter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>489-44-2345</b>	
17. INFORMANT <b>Mrs. Leah Royse</b>		Address <b>101 East 85th. Mo. K.C.,</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Exact cause of death unknown</b> <b>missing since Nov 25 1961. unknown whether he was pushed or fell.</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fell at bottom of an abandoned water tower 150 ft.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>unknown all limbs destroyed except</b>	
20c. TIME OF INJURY Hour <b>11</b> a.m. <b>30</b> p.m.	Month, Day, Year <b>8 30 62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Water tower</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City Jackson Mo</b>	
21. I attended the deceased from <b>8:30</b> to <b>9:30</b> and last saw her alive on <b>8-31-62</b> Death occurred at <b>8:30</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Hugh H. Owens</b>		22b. ADDRESS <b>M.D. Coroner 152 Union Station - K.C., Mo.</b>	
22c. DATE SIGNED <b>8-31-62</b>		22d. NAME OF CEMETERY OR CREMATORY <b>Horton Cemetery</b>	
22e. LOCATION (City, town, or county) <b>Horton Brown County, Kansas</b>		22f. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>WEILERT FUNERAL HOMES(S) K.C., MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8-31-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

(Licensed Embalmer's Statement on Reverse Side)

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed B. E. Weir

Licensed Embalmer No. 4075

P. O. Address J. E. S. Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.